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Emotional Disturbance: Issues in Evaluation and Identification

Gail M. Cheramie, Ph.D., LSSP, NCSP
UH-Clear Lake
Region 4 Summer Evaluation Institute
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Zirkel, October 2011 (NASP Communique)

- ED – 1992-2008 – decrease in ED from 8.7% to 7.1% (% of total special education enrollment)
- ED enrollment proportions have remained relatively steady
- Trend line for litigation has much fluctuation, but trend for litigation is increasing
 - overrepresentation of litigation in proportion to classification percentage

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PIEMS Child Count 2013

Primary Disability Category	Number/Percent	Primary Disability Category	Number/Percent
AI	7,438/1.68%	ID	36,113/ 8.18%
AU	40,141/ 9.09%	NCEC	5,140/1.16%
DB	131/.03%	OHI	55,076/ 12.47%
DD	NA	OI	3,794/.86%
ED	25,659/ 5.81%	SI	89,495/ 20.26%
LD	166,769/ 37.76%	TBI	1,255/.28%
MD	6,746/1.53%	VI	3,876/.88%
TOTAL = 441,633			
ED% Trend Texas: 2010=6.5, 2011=6.2, 2012=5.97, 2013=5.81			

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ED: History of Definition

- Federal definition of E.D. based on the work by Eli Bower
- Bower and associates developed a protocol for identifying students in California who were in need of receiving services due to severe emotional and behavioral problems
- Original definition first proposed in 1957; Adopted within PL 94-142 about 20 years later; Definition >35 years old

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History

- The definition proposed that “emotionally handicapped” students had to exhibit one or more of 5 major characteristics to a marked extent and over a long period of time
- But the federal definition included some additions in wording (Thus, original definition was altered.)
 - Adverse impact on educational performance
 - Types of conditions that could be included (e.g., Schizophrenia) and excluded (e.g., Social Maladjustment)

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Commentary Final Version 2006 Regulations

- Historically, it has been very difficult for the field to come to consensus on the definition of [ED], which has remained unchanged since 1977. On February 10, 1993, the Department published a “Notice of Inquiry” in the Federal Register (58 FR 7938) soliciting comments on the existing definition...The comments received...expressed a wide range of opinions and no consensus on the definition was reached. Given the lack of consensus and the fact that Congress did not make any changes that required changing the definition, the Department recommended that the definition of [ED] remain unchanged...Therefore, we decline to make any changes to the definition of [ED].

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IDEA Definition

- ED means a condition exhibiting one or more of the following characteristics
- over a long period of time
- to a marked degree
- adversely affects a child's educational performance

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IDEA Definition

- Inability to learn that cannot be explained by intellectual, sensory, or health factors
- Inability to build or maintain satisfactory interpersonal relationships with peers and teachers
- Inappropriate types of behavior or feelings under normal circumstances

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IDEA Definition

- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms or fears associated with personal or school problems
- ...includes schizophrenia. ...does not apply to children who are socially maladjusted, unless it is determined that they have an emotional disturbance...

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Texas Commissioner's Rules

- An ED student is one who meets the IDEA criteria [34CFR, 300.8(c) (4)]
- The written report of evaluation shall include specific recommendations for behavioral supports and interventions.

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ED Eligibility: 2 Prongs

- Like all disabilities, there is 2-pronged determination for eligibility:
- **Condition** (at least one of the 5 characteristics are present – to marked degree, over a long period of time, and adverse impact)
- **Educational Need** (need for specially designed instruction)
- How does “adverse impact” differ from “educational need” – How do you determine this?

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Mental Disorder (DSM5)

A mental disorder is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities.

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Mental Disorder (DSM5)

An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual, as described above.

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Issues and Implications

- ED is a difficult determination – (Kauffman, Brigham & Mock, 2004)
 - personal philosophy (e.g., some people do not like this classification)
 - definitional imprecision (e.g., vague, ambiguous)
 - pragmatic concerns (e.g., discipline issues, placement)
- Dimensional
 - ED is a collection of problems involving behaviors, emotions, and thoughts that all people experience to some extent (Kauffman, et. al., 2004)
 - ED is extreme form of ordinary behavior
 - ED is a severe condition – atypical, not expected based on age, cultural or ethnic norms
- Adverse impact on educational performance not defined only by academics but also social, vocational, personal/adaptive
- Must be evident in school and in an additional setting
- General education interventions insufficient

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Issues and Implications

- Comorbidity rule versus exception (most behavior problems occur in combination with other problems)
- Should have RtI and data gathered in RtI becomes part of decision-making
- Must know developmental level when interpreting behavior
 - ADHD – estimated 30% lag in social-emotional development (e.g., kid is 13, social-emotional development=9)
 - Students with emotional disturbance and cognitive impairments will display immaturity in problem-solving and pro-social behaviors

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ED???

- We have a vague and imprecise definition, and ambiguity concerning what constitutes ED
- Terms we need to consider:
 - Validity – a disorder is a true or valid entity
 - Reliability – if the individual sees two separate clinicians, the diagnosis given is the same
 - Sensitivity – if he/she really has the disorder, it will be diagnosed (True Positive)
 - Specificity – if he/she really does not have the disorder, then not diagnosed (True Negative)

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ED???

- We will undoubtedly make errors (false positives and false negatives), but to reduce this, evaluations must
 - be thorough and use multiple methods
 - include sound and relevant instruments
 - account for variance due to raters/informants, settings, temporal issues, and instruments
 - focus on description of observable characteristics and behaviors
 - identify interference with educational functioning

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Best Practices in Multimethod Assessment of Emotional and Behavioral Disorders

- **History/Review of Records**
 - Cumulative file, Special Education file, Discipline records, Previous Interventions, Referral information, Previous Evaluations
- **Observations**
 - Multiple settings
 - Structured vs. Unstructured activities
 - Various times of day

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“Best Practices”

- **Interviews**
 - Parent
 - Teacher and other School Personnel
 - Student
 - External agencies (e.g., probation, MHMR)
 - Private service providers

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“Best Practices”

- **Standardized Behavior Rating Scales**
 - Administered to parents and teachers.
Examples include BASC and CBCL
- **Standardized Self-Report Measures**
 - Completed by student if age-appropriate and appropriate to student’s cognitive level.
Examples include general (BASC, CBCL, PIY) and specific (RADs, MSCS, RCMAS) instruments

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Additional Practices

- Personality Assessment – “should not be used as the primary or sole data sources for assessment of ED/EBD” [e.g., Projective (associative) measures are often given in psychological evaluations but they are not a required component of best practices and must be interpreted with caution]
- *Note: All measures must be interpreted carefully. Need to verify and validate before final interpretations are made. Convergence of multiple data sources; Ecological Validity; Assess the “validity” of the information – remember response sets and response styles*

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Tests

- A review of the due process hearings for AU and ED evaluations indicated use of following tests in more than one hearing: BASC-2, RCMAS, RADS-2/CDI, BRIEF, Conners, GARS-2, CARS2, ADOS, ASRS, Sensory Profile, ABAS-II, Vineland-II, CASL, CELF-4, GFW, IQ, Achievement, and other psycho-educational measures
- Instruments and other methods (interviews, record reviews, observations) seem to be relatively consistent across evaluations

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Evaluation Strategies

- Review of Records, Interviews and Observations should come first (may have to re-interview and observe again, but general interview and observations first)
- How do you select the tests to use?
 - Student characteristics
 - Broadband versus Narrowband Measures
 - Frequency versus Yes-No formats
 - Multiple norm comparisons and Special Scales (e.g., ADHD vs. Clinical Norms; Content Scales or Second Order Scales)

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Primary Uses of ED Report

- Establish the presence or absence of a condition
- Recommendations for behavioral supports and interventions – FBA part of ED evaluation will be relied on for diagnostic and intervention purposes (e.g., BIPs)
- Will be relied on for decisions regarding MDR
- Evaluation for counseling and/or psychological services as a related service

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5 Components to add to ED Evaluation

- Assessment of Social Skills (consider adding SSIS to your evaluation)
- Functional Behavior Assessment (Multimodal, Competing Behavior Pathway)
- Asset-based assessment (consider adding Resiliency Scale to your evaluation)
- Executive Function assessment (consider adding BRIEF to your evaluation)
- Counseling/Psychological Services assessment (your evaluation is also addressing related services; use observations, interviews, rating scales and self-report measures to determine if such services are needed)

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Social Skills

- Socially acceptable *behaviors* that lead to increasing positive interactions and decreasing or avoiding negative interactions with others
- Refer to a multitude of *behaviors* that facilitate interaction and communication with others, ranging from initiation of social contact, to responding to interactions, to higher level skills such as empathy, social referencing and social reciprocity
- Includes both verbal and nonverbal *behaviors*

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Social Skills

- Do we agree that social skills are behaviors?
 - If so, then social skills/behaviors can be/*are learned*
- One major quality of social skills is that behavior appropriate for one situation is not appropriate for another; *SS are interactive and contextual*
- Can *characteristics* of students impede the learning of social skills?
 - If so, then cognitive, academic, linguistic, behavioral and emotional factors influence the development of and performance of social skills

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Acquisition vs. Performance

- Social skills involve a knowledge/acquisition component and a performance component –
 - A student knows he is supposed to wait to make a comment in a classroom. He knows he is to raise to his hand. He has acquired these skills. But he is impulsive - has poor self-regulation - and blurts out. This disrupts the classroom. His peers collectively sigh and are tired of his behavior. This leads to rejection or neglect in other social situations. **OR** He could do this purposefully to gain attention. [How do you assess this?]

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Problem-Solving

- Social skills also involve a problem-solving component – weighing options and deciding what to do or say - thus can be disrupted by emotion/behavior regulation
- Social Cognition involves:
 - Noticing and correctly interpreting a social cue
 - Searching for and selecting the correct response among various options (repertoire)
 - Performing the correct response to facilitate the interaction

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CCAREES Model: Social Skills Improvement System (SSIS; Pearson Education)

- *Communication* (takes turns, eye contact)
- *Cooperation* (follows directions, follows rules)
- *Assertion* (asks for help)
- *Responsibility* (takes responsibility for actions)
- *Engagement* (makes friends, invites others to join in activities)
- *Self-Control* (compromise during conflict, stays calm if teased)
- *Empathy* (forgives others, feels bad when others are sad)

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School Social Skills(Reference: Pearson)

Top 10 School Social Skills <i>Based on surveys of over 800 teachers</i>	
Listens to Others	Takes Turns in Conversations
Follows Directions	Cooperates with Others
Follows Classroom Rules	Controls Temper in Conflict Situations
Ignores Peer Distractions	Acts Responsibly with Others
Asks for Help	Shows Kindness to Others

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Social Skills and Special Populations

- In general, students with disabilities are highly susceptible to disruption in social interaction
- Such students exhibit competing behaviors or characteristics that block the acquisition or performance of “socially skilled” behaviors
- Students with disabilities who have social skills deficits have at least two risk factors:
 - Identified disability
 - Problematic social features – **cognitions** and/or **behaviors**

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Social Skills and Special Populations

- Students with disabilities are less accepted and more likely to be rejected or neglected by classmates than are nondisabled peers
- Low social acceptance in general education classrooms
 - placement in regular education classroom *does not necessarily enhance* the social development of students with disabilities

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Key terms for SS Analysis

- Attribution theory
 - observers (including teachers) attribute the behavior of others to internal/dispositional qualities (e.g., ADHD, ED) and downplay the role of context or environment
 - individuals (students) attribute causes of behavior to context and external factors (e.g., the teacher didn't say that right; he hit me)
- Behavior is situation-specific, but need to look for **patterns** (hint: FBA)

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Social Impairments: ADHD

- ADHD-H and C: More rejected by peers, less popular, more aggressive; ADHD-I: more passive, more neglected by peers
- Have difficulty making or keeping friends
- Show lower levels of social competence and social knowledge
- 26-85% show clinically significant impairment in social behavior
- Teachers rate kids with ADHD lower on behaviors such as working hard, demonstrating appropriate behavior, and amount of learning

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Social Impairments: LD

- LD and social adjustment difficulties co-occur
- More likely to exhibit increased levels of anxiety, withdrawal, depression, low self-esteem; emotional problems likely reflect adjustment difficulties due to academic failure
- Social skills deficits – lack of knowledge of how to greet people, make friends, and engage in playground games or a failure to use this knowledge in certain situations

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Social Impairments: ED

- Less mature or inappropriate social skills
- Aggression, acting-out, disruptive
- Do not respond appropriately to discipline and may be oblivious to class and school rules
- Withdrawal, social isolation
- Misinterpret or misperceive the environment
- Poor coping skills
- Behaviors exhibited under “conditions of emotionality”

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Social Impairments: AU

- Key Terms for Differentiation
 - Qualitative impairment
 - Joint Attention
 - Theory of Mind
 - Social Referencing
 - Social Reciprocity

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FBA

- Traditional FBA:
 - Antecedent – Behavior – Consequence
- A *Multimodal* FBA is needed, not just antecedents and consequences
 - Intraindividual and Extraindividual factors must be taken into account
- Multimodal FBA
 - **Setting Events** – Antecedent – **Student Characteristics** (cognitive, language, academic, behavioral, emotional, physical: CLABEP) – Behavior – Consequence

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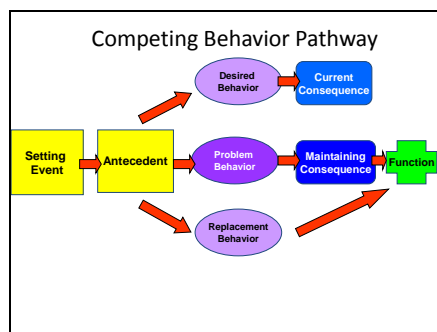
FBA

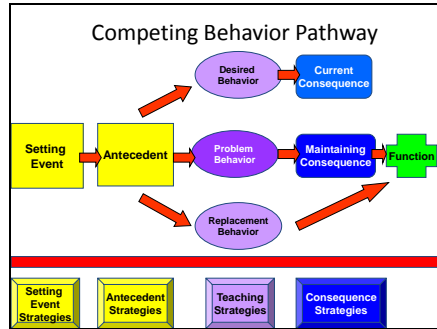
- Multimodal: each behavior typically has multiple causes contributing differentially to the expression of the behavior
- An ED student's FBA needs to focus on underlying function with regard to **emotional regulation** and how it impacts the student's reactions to the environment.

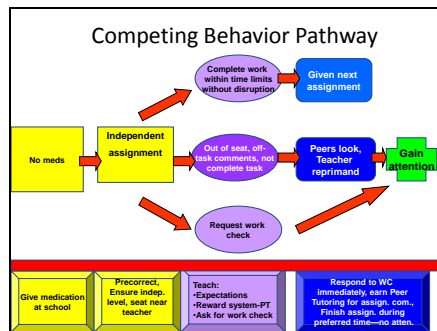
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Multimodal FBA	
Function	Description
Affect Regulation/ Emotional Reactivity	Emotional factors, anxiety, depression, anger, etc.
Cognitive Distortion	Distorted thoughts
Reinforcement	Environmental Triggers
Modeling	Social Learning
Family Issues	Family systems
Physiological	Developmental disabilities
Communicate Need	Functional communication
Curriculum/Instruction/ Environment	Educational Setting; Academic skills; Expectations, etc.

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Problem Behavior	Objective	Mastery Criteria	Teaching Strategies	Antecedent Interventions
<u>Elopement:</u> * leaves seat and quickly walks/runs to other areas of classroom	<u>Replacement behavior:</u> request a "break" or "help" using a visual icon.	3/5 opportunities with one verbal prompt	* Graduated prompts (verbal/gestural/model/physical)	* Practice request using visual icon
	<u>Desired behavior:</u> Remain in seat through task completion	For 2/3 tasks		* Intersperse non-preferred * Visual behavior

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Resiliency

- Resiliency Scales for Children and Adolescents
 - Sense of Mastery: sense of competency, efficacy
 - Sense of Relatedness: perceived support, trust
 - Emotional Reactivity: self-regulation, modulate and regulate reactivity, sensitivity, arousal and threshold for tolerance
 - Also generates Resource Index and Vulnerability Index (discrepancy between reactivity and resources)
 - T scores: 41-45=Below Average; ≤40=Low; 56-59=Above Average; ≥60=High

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Resiliency Scales

- Adolescent clinical disorder groups score low on Sense of Mastery and Sense of Relatedness and high on Emotional Reactivity
- Shape of nonclinical sample is flat, with mean scores near 50
- Overall Sample Means for clinical groups versus nonclinical:
 - Mastery: C=43.8; NC=53.7
 - Relatedness: C=42.7; NC=53
 - Emotional Reactivity: C=58.7, NC=46.2

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Resiliency

	Child	Adol	Child	Adol	Child	Adol
	Depression		Anxiety		Conduct Dis	
Mastery	42	35	45	43	41	41
Relatedness	38	36	46	42	39	39
Emotional Reactivity	63	62	58	59	63	61
Resource Index	39	35	45	42	39	39
Vulnerability Index	65	65	58	59	65	62

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Resiliency

	Child	Adol	Child	Adol	Child	Adol
	Bipolar		ADHD		Total	
Mastery	41	38	46		44	
Relatedness	43	42	46		43	
Emotional Reactivity	61	63	54		59	
Resource Index	41	40	45		42	
Vulnerability Index	62	63	56		60	

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Executive Function

- Behavior Rating Inventory of Executive Function
 - Behavior Regulation – Inhibit, Shift, Emotional Control
 - Metacognition – Initiate, Plan/Organize, Working Memory, Monitor
- EF: an array of processes that serve to regulate and guide behavior; cue, direct, coordinate aspects of perception, cognition, emotion and behavior
- McCloskey has identified 32 different self-regulation executive functions

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Counseling &/or Psychological Services

- Data generated in the emotional-behavioral-social section of the FIE can be summarized in a separate section labeled counseling/psychological services
- Determine if this is needed and if so, note
 - Purpose, with specific objectives
 - Duration
 - Frequency
 - Location

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Counseling &/or Psychological Services

- Remember, a related service is required for the student to benefit from special education
- Should be skills-based and systematic. Consider use of SSIS Intervention System for Counseling.
- Resiliency and EF tests yield intervention suggestions.

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DSM5

- Took 12 years to develop
- Diagnoses guide treatment recommendations
- *The boundaries between many disorder "categories" are more fluid over the life course than DSM-IV recognized, and many symptoms assigned to a single disorder may occur, at varying levels of severity, in many other disorders.*
- Dimensional Approach to mental disorders

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DSM5

- IDEA has 13 categories; DSM5 has 22 chapters under Diagnostic Criteria and Codes and over 200 diagnoses; DSM is considered to be a medical classification of disorders
- Assignment of a particular diagnosis does not imply specific level of impairment or disability. Diagnosis not equivalent to need for treatment. Disorder ≠ Disability. [This is consistent with IDEA view.]
- Some major changes
 - No Axes; No NOS
 - Subtypes and Specifiers

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J. Walsh (10/13; TASP Keynote)

- DSM5 will affect 504 and how districts react to external reports
- 3-part response to receiving external report:
 - Thank –you
 - FERPA release to call the professional who conducted the evaluation (if no consent, consider but not much weight given to report)
 - Mild cross-examination (logical questions to ask the external evaluator)

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J. Walsh (10/13; TASP Keynote)

- Questions to ask
 - How long did you spend with the student?
 - Where? Who else was present?
 - Did you contact school personnel? Receive any information from school personnel?
 - Questions could also involve the formal testing done
- Purpose = Determine how much weight to give external report

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Additional Suggestion (Cheramie)

- Conduct a comparative analysis of data generated from school and data generated from external evaluation
- Data should include not only a match by tests, but also informal data from interviews (esp. teachers), observations (esp. in classroom and school setting), etc.
- Example

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DSM5 Assessment Measures

- Cross-Cutting Symptom Measure: symptoms that do not fit neatly into the diagnostic criteria suggested by the presenting symptoms
 - Parent/Guardian-rated version has 25 questions that assess 12 psychiatric domains; also a Child-rated version for ages 11-17. The Child-rated version can be found at www.psychiatry.org/dsm5
- Severity measures – Disorder-Specific
- WHODAS 2.0: World Health Organization Disability Assessment Schedule (self rating for ages 18 and over)
- Cultural Formulation Interview (CFI)

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Dual Classification

- Differential versus Comorbid
 - symptoms that do not form part of the disorder (e.g., If ED due to impulsivity, but also ADHD due to impulsivity, then you do not have a clear picture. If ED due to aggression, and ADHD does not have aggression as part of the disorder, and can show that aggression occurs under conditions of emotionality and not conditions of impulsivity, then dual classification)

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Characteristics for ED Determination

- Who is a student with ED? What characteristics or behaviors are common across all aspects of this category?
- Do this activity among yourselves in the district.

Ending Note

- Look for workshops this year at Region IV on the various aspects discussed today – Litigation, Social Skills, Asset-based Evaluation, FBA/BIP, Counseling and Psychological Services as Related Services
